FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 2004

Through: 12

31

3. Name and address of person filing.		filing.	4. Name, file number, and address of labor organization.	
Name [KEVIN	J DOYLE	Name SEIU LOCAL 32BJ	
			Labor Organization File Number	
P O Ro	ox, Bldg., Room No., if a	nv [P.O. Box, Building and Room Number, if any	
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City [NEW YORK	***************************************	City NEW YORK	
State 1	New York	ZIP Code + 4 10013	State New York ZIP Code + 4 10013	
. Positio	on in labor organization.			
		EXECUTIVE VICE-PRESIDENT		
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Enter	r appropriate data below		pouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):	
. Held :	an interest in, engage	d in transactions (including loans) with, o	or derived income or other economic benefit of	
			ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
. Name	and address of Employe	er (including trade name, if any).	r.a. require of interest, fransaction, of income,	
Name				
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P.O. Bo	ox, Bldg., Room·No., if a	nv		
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City			L L	
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State		Sig	ignature	
State 15. Sig	tted in this report (includi	Sign. The undersigned declares, under penalty on the information contained in any accompa	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the	
State 15. Sig	tted in this report (includi	Sign. The undersigned declares, under penalty of	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the	
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State 15. Sig	tted in this report (including signed's knowledge and in this signed's knowledge and in the signed signed in the signed signed in the signed s	Sign. The undersigned declares, under penalty on the information contained in any accompa	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the	
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Name of Person Filing KEVIN DOYLE	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name BLDG SERVICE 32B THOMAS SHORTMAN TSS FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 AVENUE OF AMERICAS City NEW YORK State New York ZIP Code +4 10013 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organiza b. Trust c. Employer 11.a. Nature of such deali SEE ATTACHED SCHED	ing.				
Name SEE ATTACHED SCHEDULE A Trade Name, if any: P.O. Box, Bldg., Room No., if any						
City State ZIP Code + 4	11.b. Approximate dollar values 12.a. Nature of interest hele ATTENDED ANNUAL FURNISHED SCHOLARSHI	d or income received.	DO NOT KNOW DRING PARTICIPANTS			
	12.b. Amount.		\$115			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if апу).	14.a. Nature of payment.	سع مل مديد في المطال المستعدد من مل المستعد بمناسبة بالمستعدد المستعدد في المواد المناسبة بعد في المستعدد المناسبة بالمناسبة ب				
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P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4						
	14.b. Amount of payment.	and transitive and the state of				
13.b. Is the Business an Employer or Consultant?	, , .		Western West			

Schedule A

The business is a Taft Hartley benefit fund that provides benefits to employees under collective bargaining agreements between the Union and hundreds of Employers in the New York real estate industry. The Employers and the Union make contributions to the Fund, and Union employees are fund participants.

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8. Name and address of Business (including trade name, if any). Name SERVICE EMPLOYEES 32BJ NORTH PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 AVENUE OF AMERICAS City NEW YORK State New York ZIP Code + 4 10013	9. Business deals with: a. Labor Organization b. Trust c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name SEE ATTACHED SCHEDULE A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ATTENDED SERVICE EMPLOYEES 32BJ NORTH PENSION FUND					
	BOARD OF TRUSTEES AT WHICH LUNCH WAS SERVED. 12.b. Amount. \$35					
C. Received from any employer (other than an employer covered under						
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.					
13.b. Is the Business an Employer or Consultant?	• •					

Schedule A

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8. Name and address of Business (including trade name, if any). Name BUILDING SERVICE 32BJ HEALTH FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 AVENUE OF AMERICAS City NEW YORK State New York ZIP Code + 4 10013	9. Business deals with: a. Labor Organization b. Trust c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name SEE ATTACHED SCHEDULE A Trade Name, if any: P.O. Box, Bldg., Room No., if any	SEE ATTACHED SCHEDULE A						
Street							
Cib	11.b. Approximate dollar value of such dealing. DO NOT KNOW						
State ZIP Code + 4	12.a. Nature of interest held or income received. ATTENDED BOARD OF TRUSTEES MEETING AT WHICH LUNCH WAS SERVED.						
	12.b. Amount. \$27						
C. Received from any employer (other than an employer covered under parts A and B above)							
or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment.							
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City	Management of the second of th						
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						

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